			in i	17	1876	φ	_						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application of Doctor Number 10/7/8764 SK.5.3340													
CLAMIC POLICES TOTAL									MALL ENTITY YPE OR			OTHER THAN SMALL ENTITY	
TO	TAL CLAIMS		.3/					RATE BASIC FEE	FEE 385.00		RATE BASIC FEE	FEE 770.00	
FO			NUMBER FILED		NUMBER EXTRA					l			
TO	TAL CHARGEA	BLE CLAIMS	3/ minus 20=					X\$ 9=	99	OR	X318=		
	EPENDENT CL			us 3 =			X43•		OA	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
• If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL 494 OR TOTAL													
CLAIMS AS AMENDED - PART II (Column 3) (Column 3)								SMALL	NTITY	OR	SMALL E		
T A		(Column 1) CLAMS REMAINING AFTER		HUG! NUM PREVI		PRESENT EXTRA	ŀ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
SME.	Total	AMENDMENT	Minus	* 2	2	*		X\$ 9=		OR	X\$18=		
AMENDMENT	Independent		Minus	/	3			X43=		OR	X86=		
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
41700								TOTAL ADDIT, FEE		OR	TOTAL ADOIT, FEE		
131/01 (Column 1) (Column 2) (Column 3)													
NT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
BE	Total	. 36	Minus	•	3/	- 5]	X\$ 9=	•	OR	X\$18=	2500	
AMENDMENT	independent	.34	Minus	889	3	1	┨.	X43=		OR	X88=		
FERST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	. •	OR	+290=		
								YOYAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
6/13/6 (Column 1) (Column 2) (Column 3)													
M S S		CLAIMS REMAINING - AFTER AMENOMENT	:	PREV	MEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	. 25	Minus	-	36	• 🦳		X\$9-,		OR	X\$18=		
AMENDMENT	independent	. 2	Minus	44 (3	0 -	4	X43=		OR	X88=		
┞	•	ENTATION OF N				•	٠ قـ	+145=		OR			
"If the crity in column 1 is less than the entry in column 2, units "o" in column 3. "If the crity in column 1 is less than the entry in column 2, units "o" in column 3. "If the "righest Number Proviously Paid For IN THOS SPACE is less than 2, enter "3. "If the "righest Number Proviously Paid For IN THOS SPACE is less than 2, enter "3. "If the "righest Number Proviously Paid For IN THOS SPACE is less than 1 in the appropriate box in column 1.													
-	"If the "Fighest Nu The "Highest Nu	umber Previously Inder Previously F	Paid For IN TH Paid For (Total C	n punjebe In Shaco	4 4 (343) C 4 (343)	e inighest num	ber f	ownd in the eq	propriete b	en in c	choma 1.		

FORM PTO-ETS (Rev. 1003)

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